



CONFIDENTIAL CLIENT QUESTIONNAIRE

NOTE: THIS FORM IS NECESSARY FOR OUR WORK, AND IS ACTUALLY REQUIRED BY LAW. WE'VE DONE OUR BEST TO MAKE IT USER FRIENDLY. NOTE THAT IT DOESN'T REQUIRE YOUR SOCIAL SECURITY #, OR EXACT BIRTH DATE. FORMS AREN'T OUR FAVORITE THING EITHER, BUT THE SOONER YOU RETURN THIS ONE, THE BETTER OUR WORK FOR YOU WILL BE. **WE NEED THE FORM RETURNED BEFORE WE MEET.** THANK YOU.

CLIENT NAME (1): _____ Preferred Address: _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____ Fax: (Home or Work) _____ Cell Phone, if you wish us to call there. _____ Private E-mail: _____ Birth date or just year: _____ Contact me by <input type="checkbox"/> E-mail or <input type="checkbox"/> Phone Primary Contact Person during business hours? _____	CLIENT NAME (2): _____ Preferred Address: _____ City, State, Zip: _____ Home Phone: _____ Work Phone: _____ Fax: (Home or Work) _____ Cell Phone, if you wish us to call you there. _____ Private E-Mail: _____ Birth date or just year: _____
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FAMILY MEMBERS (Please list children and other dependents. Include any planned children.)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Dependent</u>	<u>Resides?</u> (City & State)
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Client Employer (1): _____ Title/Job: _____ Number of years with this employer? _____ Anticipated employment changes? _____ Do you plan to retire? When? _____ Salary: _____ Self Employment Income: _____ Bonus/Commissions: _____ Other Earned Income: _____ TOTAL (Current Yr) = _____	Client Employer (2): _____ Title/Job: _____ Number of years with this employer? _____ Anticipated employment changes? _____ Do you plan to retire? When? _____ Salary: _____ Self Employment Income: _____ Bonus/Commissions: _____ Other Earned Income: _____ TOTAL (Current Yr) = _____
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Who prepares your tax return? Self Paid Preparer
As a reminder, do you have estate planning documents? When and in what state were they drafted?

Wills and related documents Year and State Drafted _____

Cross Child Raising Agreement Designation of Guardian/Conservator with Siblings? Yr. and State _____

Powers of Attorney Year and State _____

HealthCare Directives and Powers of Attorney Year and State _____

How were your current investment assets selected? _____

How many years of investment experience? _____

Check the appropriate box:

1. How important is short term capital preservation? Can you risk short run downturns to earn higher long run returns?
Not at all 1 2 3 4 *Moderately important* 5 6 7 8 *Very important* 9

2. How important is growth of your investment dollars, versus a lower amount of fluctuation in value?
Not at all 1 2 3 4 *Moderately important* 5 6 7 8 *Very important* 9

3. How important is low volatility, meaning will you give up a lot of return to get smaller fluctuations in value?
Not at all 1 2 3 4 *Moderately important* 5 6 7 8 *Very important* 9

4. How important is inflation protection, so that your assets do not diminish in purchasing power?
Not at all 1 2 3 4 *Moderately important* 5 6 7 8 *Very important* 9

5. How important is current cash flow from your investments, so that you can spend the earnings now?
Not at all 1 2 3 4 *Moderately important* 5 6 7 8 *Very important* 9

6. What is the maximum annual percentage decline in value of your investments are you willing to take by investing in securities?
 Of course, one hopes that the decline is a temporary event, and that 'the market comes back over time'.
 1) 0% 2) -1 to -40% 3) A decline of more than 40%

Note: Historically stock mutual fund investments have occasionally declined more than 20% in one year. The stock market has declined about 3 years out of every 10, and still generally risen. This is a normal part of our economy and capitalism, and no investment strategy can provide short term protection against all risks of inflation or temporary declines in value.

_____ % **Enter the Average Annual Rate of Return*** you want to earn on your portfolio to reach your financial goals.

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate. No one can predict the future, and past results and research findings may or may not apply in the future.

Rate your working relationships with each of the following advisors:

	<u>Satisfaction Rating</u>					
<u>Advisor</u>	<u>Dissatisfied</u>		<u>Very Satisfied</u>		<u>Not Applicable</u>	
Financial Planner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> X
Broker	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> X
Attorney	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> X
Accountant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> X
Tax Preparer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> X
Insurance Agent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> X
Realtor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> X

Note: We ask about insurance only to evaluate your situation. We do NOT sell insurance.

INSURANCE

	Client (1)			Client (2)		
	Coverage/Cost	<u>Group</u>	<u>Individual</u>	Coverage/Cost	<u>Group</u>	<u>Individual</u>
Health	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Disability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Life	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Optional: Have you ever been turned down for Insurance? Yes No

ASSETS

(If you have this information in a format of your own design please feel free to omit this section. Please attach necessary documentation, and we prefer fax or e-mail via .pdf of this information. Our e-mail is Jake@WealthPlanningManagement.com)

Bank Accounts

<u>Bank Name</u>	<u>Checking [C], Savings [S], or Money [MM]</u>	<u>Ownership</u>	<u>Avg. Balance in \$</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CD's

<u>Where Held?</u>	<u>Interest Rate%</u>	<u>Maturity Date</u>	<u>Ownership</u>	<u>Apx. Value in \$</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

__Please attach a copy of your most current brokerage, mutual fund and retirement statements, or email them to us. (Or fax along with this form to (866) 387 - 8204.)

Also, please provide a list of investment fund choices available in each of your 401K or employer plan (s). For example, some plans allow investment in funds from 5 different fund families.

Please list below and estimate a value for any other investment assets such as rental property that does not appear on the list above or the statements provided:

You may cross out account and social security numbers on our copy of the documents requested below. The below items may be needed, should you engage our services:

Prior Year Tax Return	Paycheck Stubs
Brokerage Account Statements	Mutual Fund Account Statements
Trust Account Statements	Employee Benefits Booklet
Retirement Plan Account Statements	Social Security Annual Statement (SSN number crossed out, please.)
And list of your 401k available fund choices	Insurance Policies
Loan Documents	

The sooner you return this form, the better service you will get. Here's where to send it:

- Toll Free Private Fax: (866) 387 8204

Email: Jake@WealthPlanningManagement.com

Visit us on the web at www.WealthPlanningManagement.com or www.engeplanning.com .

For Financial Planning & Education/Wealth Planning & Management Usage Only:

Summary of Client Current Tax Status: _____

Summary of Client Future Tax Status: _____

Summary of Client Investment Objectives: _____

Relationship of Tax Status and Objectives to Recommendations: _____
